

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

Kathleen Elouise Perkins

Debtor(s)

Case No. 15 B 30549

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 09/05/2015.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was Dismissed on 01/13/2016.
- 6) Number of months from filing to last payment: 3.
- 7) Number of months case was pending: 7.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

| | |
|--|------------|
| Total paid by or on behalf of the debtor | \$3,325.00 |
| Less amount refunded to debtor | \$800.00 |

NET RECEIPTS: **\$2,525.00**

Expenses of Administration:

| | |
|---------------------------------------|------------|
| Attorney's Fees Paid Through the Plan | \$1,544.96 |
| Court Costs | \$0.00 |
| Trustee Expenses & Compensation | \$101.00 |
| Other | \$0.00 |

TOTAL EXPENSES OF ADMINISTRATION: **\$1,645.96**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
|--|-----------|-----------------|----------------|---------------|----------------|-----------|
| AES/Capita Ed Fin Cor | Unsecured | 33,560.00 | NA | NA | 0.00 | 0.00 |
| Alexian Brothers Center | Unsecured | 160.00 | NA | NA | 0.00 | 0.00 |
| Alexian Center for Mental | Unsecured | 1,275.00 | NA | NA | 0.00 | 0.00 |
| Alexian Center for Mental | Unsecured | 165.00 | NA | NA | 0.00 | 0.00 |
| Capital One Bank USA NA | Unsecured | 480.00 | NA | NA | 0.00 | 0.00 |
| Chase Bank | Unsecured | 39.00 | NA | NA | 0.00 | 0.00 |
| Chicago Healthcare Centers SC | Unsecured | 1,978.00 | NA | NA | 0.00 | 0.00 |
| City of Chicago | Unsecured | 5,500.00 | NA | NA | 0.00 | 0.00 |
| City of Chicago Bureau of Parking | Unsecured | 122.00 | NA | NA | 0.00 | 0.00 |
| Consumer Portfolio Services | Secured | 19,065.00 | 19,409.57 | 19,409.57 | 879.04 | 0.00 |
| Dr. Marco De La Cruz, MD | Unsecured | 113.00 | NA | NA | 0.00 | 0.00 |
| Edfinancial Services | Unsecured | 20,736.00 | NA | NA | 0.00 | 0.00 |
| Elgin Laboratory Physicians | Unsecured | 11.00 | NA | NA | 0.00 | 0.00 |
| Elk Grove Village | Unsecured | 100.00 | NA | NA | 0.00 | 0.00 |
| Enterprise Rent-a-car | Unsecured | 16.00 | NA | NA | 0.00 | 0.00 |
| First Health Associates | Unsecured | 25.00 | NA | NA | 0.00 | 0.00 |
| Illinois State Toll Hwy Auth | Unsecured | 10,000.00 | NA | NA | 0.00 | 0.00 |
| Illinois Department Of Healthcare And Fa | Priority | 31,648.00 | NA | NA | 0.00 | 0.00 |
| Illinois Dept of Revenue 0414 | Priority | 2,674.00 | 897.57 | 897.57 | 0.00 | 0.00 |
| Illinois Dept of Revenue 0414 | Unsecured | 0.00 | 225.50 | 225.50 | 0.00 | 0.00 |
| Lewis University | Unsecured | 1,200.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 938.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 334.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 3,497.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 59.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 37.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 30.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 52.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 67.00 | NA | NA | 0.00 | 0.00 |
| Northwest Community Hospital | Unsecured | 3,925.00 | NA | NA | 0.00 | 0.00 |
| OSI Funding Corp | Unsecured | 2,936.00 | NA | NA | 0.00 | 0.00 |

Scheduled Creditors:

| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
|-------------------------------|-----------|-----------------|----------------|---------------|----------------|-----------|
| Ranny Management | Unsecured | 4,290.00 | NA | NA | 0.00 | 0.00 |
| Sanford Brown FKA IADT | Unsecured | 1,800.00 | NA | NA | 0.00 | 0.00 |
| Santander Consumer USA | Unsecured | 6,144.00 | NA | NA | 0.00 | 0.00 |
| Santander Consumer USA | Unsecured | 3,043.00 | NA | NA | 0.00 | 0.00 |
| Skip J. Navar | Unsecured | 2,290.00 | NA | NA | 0.00 | 0.00 |
| State Collection Service, Inc | Unsecured | 208.00 | NA | NA | 0.00 | 0.00 |
| Susan Rahimpour | Unsecured | 1,350.00 | NA | NA | 0.00 | 0.00 |
| Tmobile | Unsecured | 1,500.00 | NA | NA | 0.00 | 0.00 |
| US Signal Company | Unsecured | 3,008.00 | NA | NA | 0.00 | 0.00 |
| Vein Clinics of America | Unsecured | 20.00 | NA | NA | 0.00 | 0.00 |
| Village of Lakemoor | Unsecured | 200.00 | NA | NA | 0.00 | 0.00 |
| Village of Palatine | Unsecured | 75.00 | NA | NA | 0.00 | 0.00 |
| Village of Schaumburg | Unsecured | 250.00 | NA | NA | 0.00 | 0.00 |
| Zingo Cash IL | Unsecured | 1,681.00 | NA | NA | 0.00 | 0.00 |

Summary of Disbursements to Creditors:

| | <u>Claim Allowed</u> | <u>Principal Paid</u> | <u>Interest Paid</u> |
|-------------------------------------|----------------------|-----------------------|----------------------|
| Secured Payments: | | | |
| Mortgage Ongoing | \$0.00 | \$0.00 | \$0.00 |
| Mortgage Arrearage | \$0.00 | \$0.00 | \$0.00 |
| Debt Secured by Vehicle | \$19,409.57 | \$879.04 | \$0.00 |
| All Other Secured | \$0.00 | \$0.00 | \$0.00 |
| TOTAL SECURED: | \$19,409.57 | \$879.04 | \$0.00 |
| Priority Unsecured Payments: | | | |
| Domestic Support Arrearage | \$0.00 | \$0.00 | \$0.00 |
| Domestic Support Ongoing | \$0.00 | \$0.00 | \$0.00 |
| All Other Priority | \$897.57 | \$0.00 | \$0.00 |
| TOTAL PRIORITY: | \$897.57 | \$0.00 | \$0.00 |
| GENERAL UNSECURED PAYMENTS: | \$225.50 | \$0.00 | \$0.00 |

Disbursements:

| | | |
|------------------------------|-------------------|--------------------------|
| Expenses of Administration | <u>\$1,645.96</u> | |
| Disbursements to Creditors | <u>\$879.04</u> | |
| TOTAL DISBURSEMENTS : | | <u>\$2,525.00</u> |

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 04/11/2016

By: /s/ Marilyn O. Marshall

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.